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ABSTRACT

To meet the challenge of teaching safer sexual behavior to teens, peer education--individuals teaching others in their own or similar age group--is an effective teaching method. Teenagers report that they are more likely to listen and talk to their peers about sexuality issues than to their parents, guardians, or health care providers. Effective peer educators are able to change peer norms concerning risk-taking behavior and help themselves as well as other youth make healthy decisions about their lives. This publication examines the method of peer to peer education in four sections. Section 1 provides background information on the need for peer education programs. Section 2 presents five steps in developing and implementing a peer education program. Section 3 presents the conclusion to the guide and section 4 lists peer programs highlighted in the publication. (LL)

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Youth Preventing HIV Infection Together

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Peer to Peer:
Youth Preventing HIV Infection Together

THIS PUBLICATION WILL...

- examine the urgent need for effective HIV and sexuality education and the development of skills among teens to prevent HIV infection
- present an overview of the theory and justification behind teens teaching their peers
- suggest some important elements of peer programs and offer descriptive examples of these elements drawn from select peer education programs across the nation
- provide suggestions and resources that can be effective in designing and implementing a peer education project for teens fighting to prevent HIV/AIDS

I. BACKGROUND OF NEED FOR PEER EDUCATION PROGRAMS

1. Introduction to HIV/AIDS

Since 1981, when the first case of acquired immunodeficiency syndrome (AIDS) was reported, health care providers and educators worldwide have been engaged in an extraordinary struggle against the threat of the human immunodeficiency virus (HIV), the virus that causes AIDS. Despite early misconceptions that HIV was confined to certain groups of people based on sexual orientation or ethnic group affiliation, it is now certain that all individuals can become infected, given exposure to the virus. It is also clear that most people can avoid infection, given knowledge of how viral transmission occurs and the skills to modify behavior.

Methods of Protection

Abstinence from oral, anal or vaginal intercourse is the only way to completely eliminate the risk of exposure to HIV through sexual contact. Using latex barriers — condoms and dental dams — to avoid contact with blood, semen and vaginal secretions significantly helps reduce the risk of exposure to HIV during oral, anal and vaginal intercourse. Avoiding sharing needles for ear-piercing, tattooing or injection drug use, or cleaning needles and paraphernalia between users to destroy any virus present are also reliable methods for avoiding blood to blood contact.

Adolescents and HIV Prevention

Simply providing the facts about HIV transmission and prevention or promoting abstinence is not enough, and it is especially inadequate for reaching adolescents who often engage in behaviors that place them at high risk for pregnancy and HIV infection. To understand what makes adolescents particularly vulnerable to HIV infection, and particularly resistant to prevention efforts, the realities of adolescent beliefs and behaviors must be considered.

2. Assessing Youth Vulnerability

Adolescence is traditionally a time of growth, as young men and women seek to stretch beyond the protective shelter of family and begin to create an independent vision and life. Developmentally, this time of frantic self-definition is full of experimentation, spontaneity and limit-testing, frequently in the arenas of sexual activity and drug use.

Both substance use and emotional unpreparedness for sexual intimacy can impair judgement in risky situations, putting youth at increased risk for unplanned pregnancy and infection with HIV and other sexually transmitted diseases (STDs). Additionally, youth frequently receive incorrect information from their peers which may give them the false sense that they are invulnerable or already protected. Thus, risky behaviors among youth persist, and frequently young people, even with the information they need, lack the practical skills to affect a change in their lives.

Alcohol and Other Drug Use Among Youth

According to a national survey conducted by the American School Health Association, approximately one-quarter of eighth grade students and nearly forty percent of tenth grade students report having had five or more alcoholic drinks

on one occasion during a two week period — and one out of every 15 adolescents has tried cocaine.[1] Even when drug use does not involve needles, alcohol and other drug consumption impairs judgement, which may lead to unprotected sexual activity.

Unplanned and Unprotected Intercourse

As with alcohol and other drug use, many young people do not consider the consequences of unprotected sexual intercourse. For most adolescents, the decision to have intercourse is spontaneous — only 17 percent of young women and 25 percent of young men report planning their first act of intercourse.[2]

Consequences: STDs and HIV/AIDS

Unprotected sexual intercourse causes serious consequences for youth. Each year, three million young adults contract an STD — about one teenager in every five.[3] A recent study shows that people with a history of STDs, and the resulting open sores which can facilitate the transmission of HIV, have a higher rate of HIV infection than those with no such history.[4]

As of December 1992, 946 cases of AIDS among teenagers had been reported to the Centers for Disease Control and Prevention (CDC).[5] Although this number may seem relatively small, the long latency period between HIV infection and the onset of symptoms, approximately ten to thirteen years, suggests that most of the people living with AIDS who are in their twenties — one fourth of all AIDS cases — became infected with HIV in their teen years. This point is illustrated by looking at numbers of AIDS cases among young adults ages 20-24. In December 1992, 9,582 cases of AIDS in this age group were reported to the CDC.[5]

Misinformation

In addition to living in a world where the consequences of substance use and unprotected sexual activity can be deadly, teens exist in an environment where most of their information, attitudes and behaviors are profoundly affected by their peers. Young adults frequently have a wonderful peer communication network and can be very effective at exchanging correct information and positive support. However, youth often receive incomplete and technically inaccurate information about sexuality from the media, parents or health care providers, and frequently pass potentially dangerous myths and inaccurate information along to their peers. In fact, teens report that other teens are a primary source of their sexual information, whether or not the information is accurate.[6,7]

Although most high school students know the major modes of HIV transmission, misconceptions about the risk of contracting HIV from toilets, donating blood, and insect bites still remain. Other misconceptions persist, including the efficacy of oral contraceptive use in preventing the transmission of HIV and the ability to identify those who are HIV positive by looking at them.[8,9] These false beliefs are problematic because they mislead teens about the proper precautions to take to prevent HIV infection, and thus, put them at greater risk of infection.

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A Sense of Invulnerability

Common among youth (and many adults) is the belief that HIV will not affect them, regardless of whether or not they are engaging in risk-taking behavior. Due to the long incubation period of HIV, youth rarely see their friends sick and dying, even though they may have already been infected with the virus. Additionally, the misperception that risk of HIV infection is limited to certain "risk groups" rather than a result of risky behaviors is an obstacle to teens' realistic perception of their vulnerability. Until young people see for themselves that AIDS has affected someone in their own age group — someone like them — many youth will continue to believe that AIDS does not concern them.

Risky Behaviors Persist

Despite studies that have determined that the majority of young people have much of the information they need about the dangers of alcohol and other drug use and unplanned and unprotected sexual intercourse, risky behaviors among youth are still resistant to change.[10,11] For example, adolescents frequently know the importance of using latex condoms in preventing HIV transmission, and in fact, condom use is higher among adolescents than any other age group. However, actual rates of condom use remain low. In a 1990 CDC study, only 49.4 percent of sexually active males and 40 percent of sexually active females in high school reported that they used a condom during their last act of sexual intercourse.[12] Clearly information alone is not sufficient for teenagers to feel personally at risk and these statistics suggest that targeting youth perceptions of vulnerability is necessary to motivate behavior change.[10]

Teenagers Lack Skills and Access to Health Services

Two factors that increase youth vulnerability to HIV infection are a lack of negotiation skills and insufficient access to condoms. Schools, community service organizations and families often do not teach and practice the concrete communication and decision-making skills that youth need to negotiate abstinence, use of contraceptives and safer sex. As well as lacking positive role models and education, many teens cannot or do not know how to obtain condoms, contraceptives and reproductive health services.

The combination of teenage risk-taking, misinformation, a sense of invulnerability, a lack of skills and often poor access to condoms, puts adolescents at high risk for HIV and other STD infection as well as unplanned pregnancies. However, one strategy for effectively combatting these youth misperceptions and risky behaviors is peer education, or training youth to teach their peers new strategies for living safely.

3. Peer Education: Theory and Justification

Peer education — individuals teaching others in their own or similar age group — has been recognized as an effective teaching method since Greek and Roman times.[13] Peer helping programs teach individuals to support and assist their peers in a variety of styles, such as peer counseling and support groups, peer teaching or tutoring, and peer mediation and buddy programs.

Mutual Benefits

Through peer education, both the peer educator and the recipient of the information benefit. The experience of learning becomes an exchange of ideas, rather than a transfer of knowledge. Peer educators improve their communication and presentation skills, develop leadership potential and are more likely to engage in the safer behaviors they are committed to advocating.[14,15] Training teenagers to educate other youth creates expertise and establishes resource people within peer groups. Frequently, youth educators can become positive community role models, resource people and special advocates for their peers. These aspects of peer leadership confirm research that has found that peer education benefits the attitudinal and academic development of the peer educators and the participants.[9,16,17,18]

A peer who understands a teen's fierce need for independence and maturity, and can temper those needs with responsibility and thoughtfulness, is in a crucial position to correct misinformation, and shape group values and behaviors without losing credibility among youth. Peer education is particularly effective among young people, including "hard to reach" teenagers, many of whom discuss their problems and concerns more openly with peers who are perceived as safer and more understanding than are teachers or parents. [19,20] Thus, adolescents are the best candidates to win the respect and trust of their peers, and they have the proximity to exert a positive social influence. Research suggests that the discrepancy between knowledge and behavior in teens is possibly due not only to their limited identification with adult educators, but also to their difficulty in resisting peer pressure.[11] Adolescents can be extremely influential in shaping the behavior and values of their friends, particularly in risk-taking situations.[9,19,21,22,23]

Conclusion

With the challenge of teaching safer behaviors to teens, increasing their skills and combatting myths and stereotypes, peer education harnesses the power and influence of youth to encourage informed, supportive and respectful youth interaction and responsible decision-making.

II. DEVELOPING AND IMPLEMENTING A PEER EDUCATION PROGRAM

1. Introduction

To illuminate the challenges facing those developing or implementing a peer education program and to isolate some elements that make peer groups across the nation successful, the Center for Population Options (CPO) created a survey to gather information about various aspects of peer program design, implementation and evaluation. Following are some important considerations and suggested techniques to use when starting a peer program, training peer educators, developing new educational techniques and evaluating the program. Important concepts of program design and implementation are exemplified by brief descriptions of peer programs. Many more excellent peer education programs exist than can be described

in this publication. The programs highlighted here are among those that go beyond educating youth in the basics of HIV and other STD transmission and prevention. These peer education projects strive to encourage understanding and compassion, build and practice specific skills, broaden services for adolescents and increase the self-esteem of program participants.

2. Getting Started

When peer programs are establishing a group of youth leaders it is important that they take many elements of this process into consideration. The selection and composition of the group, incentives and stipends for participation and physical access are all components of a program that should be addressed. When developing or improving a program, planners should also consider how they will work with other community institutions and families of the youth participants.

Recruitment

Individuals relate better to people who are similar to them, and the perception that a peer teacher is "one of us" and understands "our issues" makes program participants more receptive to the message.[24] To cultivate this sense of "straight talk" and shared experience, programs should aim to recruit peer educators who are representative of the individuals found in their target population, reflecting their ethnic, religious, and sexual diversity.[24,25] Most peer groups include youth with a range of backgrounds and experiences. Assuring that some youth leaders understand or come from these situations brings a richness of perspectives and role models to teenage audiences.

Criteria for Selecting Leaders

It is also important to select peer educators whose leadership qualities are not just adult-defined. Traditional criteria of leadership, such as academic achievement, may omit the youth who are seen by their peers as leaders because of their experiences, personal popularity or athletic skill. Incorporating disenfranchised youth may be appropriate and provide a familiar face to youth in high-risk situations. While an open invitation to participate may attract some who lack the necessary ability and commitment, this approach is nevertheless useful in identifying others with strong interest, and will often surface candidates with great leadership potential.

A program that incorporates some of the important elements identified here is the ***Education and Training Program of San Diego Youth and Community Services*** *in San Diego, California. This peer education group focuses on recruiting "true" peers — or peer leaders who are familiar with the high-risk situations that their target audience are from. Peer educators are often referred to the program via other youth service agencies and tend to be empathetic and understanding of the complexities and emotions existing in high-risk situations. Included in the program is a panel of people living with HIV, who aim to personalize the risk of infection and combat the stigma often attached to people living with HIV or AIDS. Youth educators are also given financial reimbursement for their work.*

Incentives and Stipends

As well as establishing standards for time commitment and involvement when building a group, many programs reward the work of their peer leaders with incentives and stipends. For many young people, belonging to an effective group and developing a sense of leadership is itself truly gratifying. Other peer education programs choose to offer incentives for peer educators, which can take the form of special seminars, free clinic services, retreats, tee-shirts, media exposure and travel opportunities. Free food is consistently popular. In school settings, the educational work that peer leaders are doing can

be rewarded and recognized with elective credit. Some youth serving agencies feel that young people who do this important work deserve the recognition and respect that monetary compensation implies. In many communities, youth do not have the luxury of volunteering their out-of-school time, and hourly wages and stipends can make it financially possible for young adults to commit their time and energy to peer education programs.

Accessibility

An important element when establishing a program is its physical accessibility. Access via public transportation, carpools or program vans or buses should be arranged. This assures that youth from different geographical areas and family situations, as well as homeless and runaway teens, can attend and preserve their privacy by not being dependent on guardians or friends to take them to the sessions. Programs can also offer reimbursements for travel expenses to neutralize financial obstacles to group participation. Additionally, the costs of group activities or training materials should not be prohibitive for youth who will inevitably come from a variety of financial situations. Finally, organizers of any program should be aware that English may not be the first language of youth participants or their guardians or that they may not be fully literate. Efforts should be made to eliminate training materials and teaching strategies that rely solely on written information. If contacting parents is desirable, outreach should extend beyond a pamphlet or introductory letter.

*The **Teens Against AIDS** program of the **Wake County Department of Health** in Raleigh, North Carolina is distinguished in its efforts to establish a network of community support and cooperation. Civic leaders and members of several youth serving agencies form the governing and sponsoring committee of **Teens Against AIDS**. These varied community leaders have worked in collaboration with young people locally, to achieve common goals, including the development of county and state programs and the sponsoring of a statewide "Youth at Risk" conference. Community cooperation has yielded a highly visible and resourceful network of peer educators and advocates that serve the specific needs of a primarily African-American constituency.*

Community Organizing and Collaborative Efforts

The process of effectively developing or improving a peer program takes significant effort. Community-based organizations and the peer leaders involved in their programs can frequently feel overburdened by the magnitude of financial and practical support needed to organize a successful program. Collaborative efforts with other community organizations can reinforce and enhance the effectiveness of a program and sometimes provide the financial support to maintain program activities. Establishing networks with other youth serving agencies within the community increases the possibility of referrals for services, shared expertise and working toward common goals that might surpass the resources of one organization. The involvement of different institutions, like the media, can make program involvement even more exciting for the youth participants and attract the attention of their peers.

Involving Parents or Guardians

Efforts to involve families from the beginning of program planning will be more likely to insure support. Introductory letters, community meetings or question and answer sessions can allay parental misgivings before they have a chance to develop. These meetings should indicate to parents or guardians their children's interest in joining the program, explain and describe the goals and content of the program, request permission for their children's participation and invite questions and review. Families can be an important source of emotional

*Another innovative peer education project that has built a cooperative effort into its structure is the **San Diego Unified School District's Coaches and Peers HIV Education Program**. Placement of the program within the schools' athletic department serves as a clear message that the school district considers HIV education essential work within the school community and supports the goals and strategies of the peer educators. Additionally, student athletes represent a cross-section of the general school population, potentially reflecting different cultural and religious backgrounds, sexual orientations, academic standings and other school groups. The inclusion of faculty and coaches in the development of programs and presentation of information offers participating young people the opportunity to interact with adults in a school setting as equals and partners.*

and financial support to youth struggling to learn a new way of living safely.

3. Training

After the initial design of the program, strong skills-based training serves as the foundation for a successful peer education program. Although many training formats and styles exist, training sessions should include active and experiential exercises, a well-planned and consistent program agenda, a training coordinator who is respectful and has experience working with youth and a concrete evaluation plan.

Active and Experiential Training Techniques

Training implies the learning and practice of new skills, and the process of training far surpasses just the transfer of information. Particularly with the issue of HIV where behavior and attitude change lie at the heart of prevention, youth educators are not just passing along information, they are training their peers in new ways of living. Although peer educators should have an accurate and comprehensive base of factual information about HIV transmission, infection and prevention, they may also be called upon to facilitate small group discussions or role plays exploring values and attitudes about sexuality, sexual orientation, relationships and alcohol and other drug use. In addition to emphasizing values clarification, the training should teach the peer educators how to make decisions based on their values, and allow them to practice asserting themselves. Interactive exercises — role plays, assignments to purchase condoms or discussions with a person living with HIV — will allow youth leaders to personally experience a situation, process their feelings about it, generalize their experience to other situations and apply the behaviors or understanding that they have acquired. The peer educators will then use similar active and experiential techniques and role-plays to help other adolescents enhance their communication and negotiation skills.

*The **Peer Outreach Project** of the **Planned Parenthood Association of San Mateo, California** is an example of a training program based on the exploration of values and attitudes, modelling of behaviors and interaction between participants. Emphasis on the issues of gender roles and stereotypes, self esteem, and effective communication is balanced with technical informational training for the peer educators. The training is active, allowing participants to tour clinic facilities, shadow a clinic staff person in action and accompany an adult outreach worker. Additionally, training the peer educators to focus on one-on-one counseling and educational efforts in informal social settings capitalizes on the unique access that teens have to the situations where risky behaviors can and do arise.*

Setting an Agenda

An effective training should have a goal-oriented and realistic agenda. Trainings structured as an intensive period of immersion or an elongated series of meetings and workshops offer opportunities for group cohesion and individual growth. Whatever the structure, the training coordinator should have a clear vision of specific goals for the training and the agenda should reflect these goals in a series of exercises that build upon each other and explore a reasonable number of pertinent issues. Although this style of scheduling may feel rigid, pre-planning an agenda of topics and related exercises keeps a training on schedule and maintains a consistent sense of purpose and relevancy. Flexibility is also valuable and a training coordinator confronted by questions not included on the agenda has several options. The trainer should assess whether discussion of

certain questions or responses to an exercise is relevant to the goal for the session. Then the trainer can either pursue this new topic or explain why it would be better addressed in another session. Referrals for more information or training on the subject can be offered. Conducting a needs assessment — or soliciting participants' expectations and interests — prior to the training can help training coordinators plan a realistic and relevant agenda that covers the topics of concern to the training group.

Choosing a Training Coordinator

Despite the need for interactive exercises and a well-planned agenda, the training coordinator's experience and approach to working with youth can have a huge impact on the success of the training sessions. As well as having an accurate, current and comprehensive understanding of the information to be presented, training facilitators should aim to be non-judgmental, flexible and have the ability to pay close attention to the needs of their trainees. Leaders must take into account the diversity of backgrounds and experiences that the group may have. Efforts to be inclusive and supportive of each trainee's sexual experience as well as cultural and religious influences, will assure that peer educators are not alienated. It is crucial to choose a training coordinator who is well-informed and knowledgeable, but more importantly a trainer who respects youth, tries to see the issues from a young adult's perspective and discards his or her stereotypes about young people in order to learn from them.

*The **Teen Council**, affiliated with the **Center for Population Options (CPO)** in Washington, D.C., bases part of its training program on a step-by-step training manual "Guide to Implementing TAP, Teens for AIDS Prevention Peer Education Program," developed by CPO to furnish discussion plans and exercises for a series of training sessions. The Teen Council's training for their unique role as peer educators, youth advocates and CPO's youth advisory council is facilitated by a trainer who cares deeply about their needs and their process of self-discovery. The Teen Council's training module is also followed by a questionnaire that solicits the teens' responses to the exercises and speakers and what they feel they've learned in the training. This evaluation also includes a brief test of factual knowledge about HIV/AIDS and other sexuality issues, and suggestions for improving the training sessions.*

Evaluating the Training

An important element of the training plan is time for feedback and evaluation. The format of a training evaluation can range from a formal post-test analysis of change in knowledge, attitudes and behavioral intent to a subjective response sheet. Training evaluation gives feedback on the effectiveness and relevancy of the training exercises and gives the trainees time to suggest what additions or changes they might make to improve the training sessions.

4. Educational Techniques for Peer Leaders

Techniques for educating youth through peer programs or other formats vary immensely, from educational theater and musical performances to community outreach to providing direct services such as one-on-one training and counseling. However, when making decisions about what techniques a peer education project will adopt, keep in mind the need for comprehensive services for youth, the effectiveness of experiential learning and the appeal of innovative approaches.

*The **Youth and AIDS Project (YAP)** of the **University of Minnesota,** at Minneapolis is a peer program that has made an effort to evaluate and continually refine its trainings. YAP attempts not only to educate, but also to address the specific obstacles to safer behavior among gay and bisexual males. YAP attempts to encourage safer sex as a new peer group norm and addresses the affects of homophobia, isolation and low self-esteem often experienced by gay and bisexual teens. Peer educators have a large role in shaping the training. Peer educators hold an annual review when they reassess the needs of the group that they are working with and the relevancy of their educational techniques. They then revise their trainings to better prepare a new class of peer educators to work with the issues that their youth audiences are struggling with.*

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San Francisco Peer Resources *is an organization committed to a variety of peer helping programs that address the numerous needs for support and education in the San Francisco Unified School District in California. Guided by the belief that every young person has something valuable to offer and can serve as a resource to his or her peers, the program aims to integrate peer helping into the school curriculum by "empowering students to act as advocates, educators and counselors for their peers." The real strength of this umbrella organization is in the diversity and wide scope of its peer helping programs.* ***San Francisco Peer Resources*** *offers, for example, in-school peer facilitated support groups for children of alcoholics, Central American refugees and friends/family of crack users. Some of the other services offered include a peer counseling and referral program and tutors and "buddies" for recently immigrated students. Peer mediators are trained to diffuse potentially violent conflicts in schools and a peer education program addresses issues such as HIV/AIDS, suicide, substance abuse, racism, and physical and sexual abuse.*

Youth Advocates*, based in San Francisco, California, makes the empowerment and practical support of the homeless and runaway youth in their community one of their highest priorities. This comprehensive project seeks to assist youth in meeting their basic needs for food, shelter, health, and emotional support, believing that these necessities serve as the foundation on which to build the skills and knowledge to make healthy, safe choices. Thus, the program also offers on-site primary medical care at low or no cost, provides STD and HIV antibody testing and treatment and appropriate referrals for follow-up case management, medical treatment and counseling. Referrals to community agencies, alcohol and other drug treatment programs, job training, housing opportunities and recreational programs are also available. Leaders address racism, substance use, violence, homophobia, classism and sexual abuse — issues that make HIV relevant to the lives and situations of all youth.*

The AIDS and Adolescents Prevention and Treatment Program *of* ***Mount Sinai Adolescent Health Center*** *in New York City emphasizes the experiential aspect of HIV prevention education through their outreach and teen theater programs. This program, in the director's words, "[uses] peer culture as a vehicle for behavior change," empowering youth to combat dangerous peer norms and supporting their healthy behavior choices in a forum where young people can share experiences and strategies. After productions and during role plays written and performed by the educational theater troupe, S.T.A.R., audience members are allowed to question the in-character actors about their choices in the performance. This interaction creates empathy between teen audience members and the situations and people portrayed in the piece.*

Peer Education as Part of a Comprehensive Approach

For some young adults, learning new behaviors seems almost impossible when they are struggling to survive. For these youth, the realities of homelessness, poverty, racism, addiction and/or isolation are far more immediate and compelling than the threat of a disease that might not manifest itself for ten years. Adolescents are also the most frequent victims of violent crimes, including sexual assault and sexual abuse, and as a result may have received confusing and inappropriate messages about sexuality.[15] Youth in all of these circumstances may have issues that significantly complicate HIV prevention education. Low self-esteem as a result of these social and economic pressures can result in risky behaviors, such as unprotected sexual intercourse and substance use.[10,15] It is a struggle for peer educators to reach out and address these obstacles to healthy living, while simultaneously stressing the very real dangers of having unprotected oral, anal or vaginal intercourse or sharing works for injection drug use. It is important for peer educators to recognize and address the special needs and pressures on some youth. Strategies that give these young people a sense of efficacy and ability and the concrete skills to take care of themselves are apt to be most beneficial. Some programs are distinguished by their provision of comprehensive services, including food, shelter and health care, as well as educational programs.

Experiential and Interactive Educational Techniques

In traditional formats for trainings or education programs, students frequently play a passive role, receiving information that is presented in a lecture format. Peer education programs are popular because they often use interactive and experiential educational approaches. To be successful, peer education programs must increase not only the motivation, but also the capacity of participants to stand up to peer pressure and negotiate for safer environments.[20] Strategies like condom relay races, interactive games and peer-led group discussion emphasize "learning through doing" and give youth the chance to practice assertiveness and negotiation skills. Brainstorming alternatives to risky sexual behaviors, putting behaviors in a spectrum of 'not risky' to 'very risky' and role playing safer sex negotiation and conflict management techniques are sample interactive techniques. Programs which stress active participation and the acquisition of practiced skills lead to greater retention of information and behavioral change.[13,24]

Innovative Approaches

Knowing how easy it is to lose a youth audience to boredom and disinterest, peer educators should make their programs interactive, and strive to develop fresh, innovative educational approaches to reach their peers. Developing teaching strategies that allow youth to explore their interests or be involved with special projects while learning more about HIV disease helps youth become more invested in these issues. Capitalizing on established interests, peer educators can pilot-test projects that explore HIV infection with those interested in theater or video production, such as producing plays and puppet shows or making videos and public service announcements. Another approach that appeals to youth writers, photographers and artists is to design an educational mural, a newsletter, a local art exhibit or a school newspaper column responding to questions and concerns. All of these techniques give peer educators a chance to creatively design educational messages that reflect the concerns and the personality of their particular school or community.

*Another innovative educational strategy is a teen hotline, which can provide an invaluable resource to a community. **Teens Teaching Teens About AIDS**, coordinated by **The Good Samaritan Project of Kansas City, Missouri**, is the only hotline specifically run by and for teens about AIDS that has a national scope, running its 800 number (1-800-234-TEEN) from 4:00 pm to 8:00 pm central time every Monday through Friday. A hotline's greatest asset is that it can offer more wide-spread accessibility and anonymity than a group. This form of peer helping might be useful in responding to the questions and concerns of homeless and rural youth, who may be unable to travel to their local AIDS service organizations or are afraid to seek more information for fear of recognition or stigmatization in a small community. Insulated by anonymity, young people are more likely to share their personal fears and risky behaviors honestly, and they can explore issues of sexuality in a safer context than they might find at home or in their communities.*

*Another group that has developed their own techniques for getting involved in the issue of HIV prevention and reproductive health education is **Project SAFE**, a component of the **Park Slope Project Reach Youth** program in Brooklyn, New York. Emphasis is put on values clarification and developing specific strategies to use in negotiating difficult situations. One way this group simultaneously involved and educated teens was to form a committee to develop, design, write and illustrate a factual booklet, "The Teen's Guide to AIDS: Knowledge, Understanding and Protection." The Project SAFE group also coorainated the painting of two community murals with AIDS prevention messages. Members of the group also became involved in an area school's struggle to implement a condom availability program, involving teens in advocating for teen reproductive health needs.*

***Beecher's Peer Educators** — an outgrowth of the **Beecher Teen Health Center**, a school-based health center in Flint, Michigan — has been successful at harnessing the creative efforts of their peer leaders. Striving for unique programs, this youth group writes and develops their own theatrical presentations and has worked with other young adults to produce a video which reflects their opinions about sexuality. The placement of the program within a school-based health center demonstrates that the Beecher Community School District recognizes and values the addition of sexual health to their curriculum by making peer educators and health services available to students.*

*Yet another creative approach that offers many benefits to adolescents is teen theater, which maximizes the experiential learning of participants and allows young people to design fresh scenarios that are reflective of their experiences. **The Source Teen Theater** is a traveling theater company that is affiliated with **Planned Parenthood of Southwest Florida**, in Sarasota, Florida. Besides performing approximately four or five plays about youth sexuality and reproductive health issues, the troupe helps write the material. The Source also sponsors a mentoring program that helps other peer education groups develop teen theatre programs. As a collaborative effort between Planned Parenthood and the teen acting group, special resources and expanded programs are offered, such as adolescent sexuality education seminars and Source-sponsored playwriting courses. One of the Source's greatest strengths is its solid infrastructure of weekly meetings, informational updates, newsletters, speakers, trainers and rehearsals to keep the troupe connected and factually up-to-date. The Source has also been well marketed to increase visibility, and has created television commercials as well as appeared in several television news and newspaper interviews. Incentives for the peer leaders are free clinic services, food, parties, tee-shirts and theatre experience, as well as opportunities to travel throughout the state.*

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The Involvement of People Living With HIV/AIDS

One educational approach that has received an increasing amount of attention is to involve HIV positive adolescents and people living with AIDS (PWAs) in peer education programs. The involvement of people infected with HIV in educating youth sparks a compassionate response, lessening stigmatization and misunderstanding and often making the threat of HIV infection more tangible and personal. By hearing the different backgrounds and behaviors of PWAs, youth realize that HIV infection results from risky behaviors, and not "risk groups." Presentations by PWAs also have the important effect of decreasing the fear of associating with people with HIV disease and encourage people to treat PWAs with respect and understanding instead of fear and hatred. This meeting alone can be an effective educational tool.[10,15]

The Los Angeles, California ***Peer Education Program of Los Angeles (PEP/LA)*** *peer educators, some of whom are HIV positive young adults stress the diversity of personal experiences, orientations and backgrounds that individuals confronted with HIV represent. PEP/LA, through a culturally sensitive and holistic approach, addresses the spiritual, social and ethical issues surrounding HIV infection. PEP/LA is an international organization that has established culturally-relevant satellite peer education programs, including HIV positive people, in Moscow and Siberia, Paris, Budapest, Tel Aviv, Beijing, Puerto Rico and most recently, Surinam, South America.*

5. Evaluation

Evaluating a program's activities and participants is one of the best ways to develop and improve the effectiveness of peer education programs. Researchers assert that evaluation should not be an afterthought, but instead should be incorporated into the initial design of the program because it provides information that may ultimately guide decisions about improvements or continuation of the program.[27]

Rationale for Evaluation

Evaluation should be based on the goals and objectives of the program—measurable goals and objectives — that are determined before the implementation begins, and should illuminate the progress that the project has made in achieving its goals. In the early stages of program implementation, evaluation assists the leaders in clarifying priorities and makes the program's activities stronger and more relevant to the participants' lives. After some time, project coordinators might want to determine if the program is cost-effective or making progress on some of its long-range goals. The results of this evaluation can assure continued funding and avoid discontinuing the program.

Process Evaluation

Process evaluation is an assessment of whether or not the program is being implemented as it was designed. Projects should determine concrete objectives about their educational priorities and the composition of their peer group and audiences. Weekly assessments can be conducted simply by keeping a tally or recording a log of educational sessions conducted, people attending and topics introduced during the session. The program coordinators must ensure that appropriately trained leaders are in the correct places and the materials (video, pamphlets, condoms) are present and accounted for before the session begins. Questions of recruiting (whether or not there are an appropriate number of peer leaders), attendance at trainings, retention and barriers to participation (cost or transportation difficulties) can all effect the smooth functioning of a group and can be tracked and monitored. Eliciting the perspectives of peer leaders and

participants with one-on-one or group discussions can improve the overall program as it unfolds.

Impact Evaluation

Impact evaluation is conducted to determine if the objectives of the program are being met. Questions are answered such as: Did the audience and leaders benefit from these presentations, performances or other activities? Are the participants more knowledgeable, or did their intent to use condoms and reported usage increase? This type of evaluation might ask participants to rate the effectiveness of different activities and serves to test how well a particular educational strategy teaches a skill, creates empathy or imparts information. The use of a pre- and post-test with two groups, one of which does not receive an intervention, is a method of determining if that technique or program is more effective than another technique or program, or no program at all. [28] In this design, one group receives a pre-test, then the intervention, and finally a post-test. A second comparable group receives a pre-test, no intervention, and a post-test. The results are compared. A note of caution: The amount of change from a pre-test administered before the program to the post-test after the program could be attributed to the program itself or to other uncontrolled, confounding variables. Due to lack of funds, many programs are unable to get quantitative data or use control groups as comparisons to determine effectiveness. In such cases, numbers of contacts made, youth reached, or condoms distributed may be easily logged, and will give some idea of the program's reach and success in contacting their target audience. Qualitative data include focus groups of teens, subjective evaluations of the performances or presentations and feedback letters from the community. This evaluation technique, although less generalizable and informative, does afford the leaders some feedback about the relevancy and appropriateness of the group's activities, and may indicate areas of teen interest or program weakness.

*Several of the programs mentioned previously also have strong evaluation components. **Project SAFE**, a component of the Park Slope Project Reach Youth program in Brooklyn, New York evaluates the impact of their programs on a number of different levels. The program uses the "Rosenberg Self-Esteem" scale to measure the development of self-esteem and the "Leadership Ability Evaluation" scale is used to indicate growth in leadership skills. Changes in knowledge, attitudes and beliefs in the peer leaders after their training session, as well as in the teens who participated in Project SAFE's activities are examined with a "General AIDS Knowledge/Beliefs about Preventing AIDS" questionnaire. Project SAFE also uses pre- and post-tests to measure the change in attitudes toward people with AIDS (PWAs), homosexuality, condom use and participants' level of comfort discussing sexuality. Teen focus groups were convened and evaluated with an "AIDS Discussion Activity" scale.*

Outcome Evaluation

An outcome evaluation assesses the achievement of the ultimate goal of a program — in many cases, the provision of sexual health education and the adoption of safer sex behaviors among adolescents. This type of evaluation charts the impact of a program on a target population over time, assessing the long-term impact relative to the original goals. It is essential in conducting outcome evaluations that programs keep in mind the many factors and the slow pace in which behavioral changes occur. Reasonably achievable and measurable goals should be set, so that the failure to affect a turnaround in teen behavior is not equated with the failure of the group to achieve its goals. This is particularly true of measuring success with the objective of decreasing youth HIV infection, which can be difficult to determine

*The Los Angeles, California **Peer Education Program of Los Angeles (PEP/LA)** evaluates their teaching strategies with pre- and post-test questionnaires to indicate change in knowledge, perceived susceptibility to HIV infection, stereotypes, and intentions to modify behavior. Competency in condom usage and negotiation, peer pressure resistance and appropriate communication and values clarification techniques are measured in the session. An understanding of positive lifestyle changes are also tested.*

*The **Youth and AIDS Project (YAP) of the University of Minnesota**, at Minneapolis examines the change in intended and actual behavior by comparing pre-tests with follow up post-tests conducted three months and one year after participation in the program.*

*In its HIV education component, **San Francisco Peer Resources** has asked Education Training Research (ETR) Associates to help quantitatively evaluate the impact of their teaching strategies on students' knowledge, their perceived susceptibility to HIV, their awareness of the impact of HIV and AIDS on youth and their behavioral intentions.*

since the effects of HIV may remain unseen for ten years and because so many variables contribute to behavior and attitude change. Longitudinal studies can be conducted over a period of time by surveying teen behavior, the incidence of STD infection among teens, or the number of teens who have received sexual health education or condoms.

***The AIDS and Adolescents Prevention and Treatment Program of Mount Sinai Adolescent Health Center** in New York City conducts pre- and post-tests and self-report inventories. These measures are used to test change in knowledge and attitudes, and the self-reports help teen educators assess whether or not participants found the support to implement healthier alternatives.*

CONCLUSION

The purpose of this publication has been to provide some concrete and specific suggestions for developing and/or improving youth peer education programs. Teenagers report that they are more likely to listen and talk to their peers about sexuality issues — regardless of its accuracy — than to their parents, guardians or health care providers. Effective peer educators are able to change peer norms concerning risk-taking behavior and help themselves, as well as other youth, make healthy decisions about their lives.

However, a final note of caution is in order. Behavior change and modification is a slow process, as anyone who has ever tried to stop smoking or lose weight well knows. Changing or modifying behaviors related to sexuality are **particularly** challenging, due to societal factors that make discussion of these issues taboo and therefore difficult to address through prevention programs. Therefore, no magic bullet exists for modifying or preventing behaviors which can lead to infection with HIV or unplanned pregnancies. Peer education is one approach, and possibly the most effective one that we currently know of, for providing youth with the information and skills necessary to help them make a healthy transition to adulthood. However, this one approach is not enough. Youth also need support from their families, schools, religious institutions, policy-makers, community-based organizations, detention centers — and the list continues. Preventing HIV infection among our nation's youth must truly be a community-wide effort because teens cannot and will not do it alone.

PEER PROGRAMS HIGHLIGHTED IN THIS PUBLICATION

Education and Training Program
San Diego Youth and Community Services
3878 Old Town Avenue
Suite 200-B
San Diego, CA 92110
(619) 297-9310

Peer Outreach Project
Planned Parenthood Association of
San Mateo County
2211 Palm Avenue
San Mateo, CA 94403
(415) 574-5823

AIDS and Adolescents Prevention and Treatment Program
STAR Theatre and S.P.E.E.K.
Mount Sinai Adolescent Health Center
19 East 101 Street
New York, NY 10029
(212) 241-4399

Peer Education Program
Youth and AIDS Project
Adolescent Health Program
University of Minnesota
Annex - Loring Park Office Building
428 Oak Grove Street
Minneapolis, MN 55403
(612) 627-6820

San Francisco Peer Resources
Balboa High School Peer Helping
1000 Cayuga Avenue
San Francisco, CA 94112
(415) 469-4512

Teens Against AIDS
Wake County Department of Health
1315 Oakwood Avenue
Robinson Library - Room 207
Saint Augustine's College
Raleigh, NC 27611
(919) 839-5981

Coaches/Peers HIV Education Program
San Diego Unified School District
2716 Marcy Avenue
San Diego, CA 92113
(619) 525-7370

Beecher's Peer Educators (B.P.E.)
Beecher Teen Health Center
1020 W. Coldwater Road
Flint, MI 48505
(313) 785-9869

Teens T.A.P. - Teens Teaching AIDS Prevention
Good Samaritan Project
3030 Walnut
Kansas City, MO 64108
(816) 561-8784

The Source - Teen Theater
Planned Parenthood of
Southwest Florida, Inc.
1958 Prospect Street
Sarasota, FL 34239
(813) 365-3913

Peer Education Program of Los Angeles PEP/LA
5410 Wilshire Blvd., Suite 203
Los Angeles, CA 90036
(213) 937-0766

Teen Council
Center for Population Options
1025 Vermont Avenue, NW Suite 210
Washington, DC 20005
(202) 347-5700

Teen HIV Program
Youth Advocates, Inc.
555 Cole Street #6
San Francisco, CA 94117
(415) 386-9398

Park Slope Project Reach Youth (Project SAFE)
199 14th Street
Brooklyn, NY 11215
(718) 768-0778

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CENTER FOR POPULATION OPTIONS

The Center for Population Options (CPO) works to increase the opportunities for and abilities of youth to make healthy decisions about sexuality. Since 1980, CPO has provided information, education and advocacy to youth-serving agencies and professionals, policymakers and the media.

Selected HIV prevention/peer education materials available from CPO:

Guide to Implementing TAP:
Teens for AIDS Prevention Peer Education Program

This manual is a step-by-step guide to developing and implementing an HIV and AIDS peer prevention program in schools, community-based organizations and religious settings. 145 pp. (1990) $29.95

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